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Date of Deposit: August 23, 2006

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| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NO. 1391-1622 (COLACT02) |
| | | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 10/590608 |
| INTERNATIONAL APPLICATION NO. PCT/US2005/006318 | INTERNATIONAL FILING DATE 25 February 2005 | PRIORITY DATE CLAIMED 26 February 2004 |
| TITLE OF INVENTION CONFECTIONS CONTAINING A BLEND OF PHYSIOLOGICAL COOLING AGENTS | | |
| APPLICANT(S) FOR DO/EO/US Sonya S. JOHNSON, Barbara Z. STAWSKI, Glorio T. SHELDON, Robert J. YATKA | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371 3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9), and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English translation of the International Application into English (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)) and/or amendments under Article 34. | | |
| Items 11 to 20 Below concern other document(s) or information included: <ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: Return Post card. | | |

SEND COMPLETED FORM TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.50) <div style="font-size: 24pt; font-weight: bold; margin-top: -10px;">10/590608</div> | | INTERNATIONAL APPLICATION NO. PCT/2005/006318 | | ATTORNEY'S DOCKET NO. 1391-1622 (COLACT02) | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|----------------|--|--------------|-----------------------|--|--|-----------|---|--------------|--------------------|---------|---|---------------|---------------------------|--|--|------------|--------------------------------------|--|--|----------------|---|--|
| The following fees are submitted: 21. <input checked="" type="checkbox"/> Basic national fee (37 CFR 1.492(a))\$300 22. <input checked="" type="checkbox"/> Examination fee (37 CFR 1.492(c)) If International preliminary report prepared by ISA/US or the examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)\$0 All other situations\$200 23. <input checked="" type="checkbox"/> Search Fee (37 CFR 1.492(b)) If the written opinion of the ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)\$0 Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority\$100 International Search Report prepared and provided to the Office\$400 All other situations\$500 <div style="text-align: right;">TOTAL OF 21, 22 and 23 = \$ 900</div> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. Surcharge of \$130.00 for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CALCULATIONS</td> <td style="width: 50%;">PTO USE ONLY</td> </tr> <tr> <td colspan="2" style="height: 150px; vertical-align: bottom;"> <div style="text-align: right; font-weight: bold; margin-bottom: 10px;">\$ 900</div> <div style="text-align: right; font-weight: bold;">\$ 130</div> </td> </tr> </table> | | CALCULATIONS | PTO USE ONLY | <div style="text-align: right; font-weight: bold; margin-bottom: 10px;">\$ 900</div> <div style="text-align: right; font-weight: bold;">\$ 130</div> | | | | | | | | | | | | | | | | | |
| CALCULATIONS | PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: right; font-weight: bold; margin-bottom: 10px;">\$ 900</div> <div style="text-align: right; font-weight: bold;">\$ 130</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Claims</th> <th style="width: 20%;">Number Filed</th> <th style="width: 20%;">Number Extra</th> <th style="width: 40%;">Rate</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">27 - 20 =</td> <td style="text-align: center;">7</td> <td>7 x \$ 50.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">4 - 3 =</td> <td style="text-align: center;">1</td> <td>1 x \$ 200.00</td> </tr> <tr> <td>Multiple dependent claims</td> <td></td> <td></td> <td>x \$360.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: right;">\$1,580</td> </tr> </tbody> </table> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. <div style="text-align: right;">SUBTOTAL =</div> | | | | Claims | Number Filed | Number Extra | Rate | Total Claims | 27 - 20 = | 7 | 7 x \$ 50.00 | Independent Claims | 4 - 3 = | 1 | 1 x \$ 200.00 | Multiple dependent claims | | | x \$360.00 | TOTAL OF ABOVE CALCULATIONS = | | | \$1,580 | <div style="text-align: right; font-weight: bold;">\$</div> | |
| Claims | Number Filed | Number Extra | Rate | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 27 - 20 = | 7 | 7 x \$ 50.00 | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 4 - 3 = | 1 | 1 x \$ 200.00 | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | | | x \$360.00 | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | \$1,580 | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than the <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). <div style="text-align: right;">TOTAL NATIONAL FEE=</div> | | | | <div style="text-align: right; font-weight: bold;">\$</div> <div style="text-align: right; font-weight: bold;">\$1,580</div> | | | | | | | | | | | | | | | | | | | | | |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31), \$40.00 per property + <div style="text-align: right;">TOTAL FEES ENCLOSED=</div> | | | | <div style="text-align: right; font-weight: bold;">\$</div> | | | | | | | | | | | | | | | | | | | | | |
| a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 23-1925 in the amount of \$1,580 to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amount to be refunded</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>charged</td> <td>\$</td> </tr> </table> | | Amount to be refunded | \$ | charged | \$ | | | | | | | | | | | | | | | | |
| Amount to be refunded | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| charged | \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Send all correspondence to the address associated with Customer No: 00757 - Brinks Hofer Gilson Lione | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom;"> Signature </td> </tr> <tr> <td> Name Joseph A. Yosick Registration Number 51,062 </td> </tr> </table> | | Signature | Name Joseph A. Yosick Registration Number 51,062 | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
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